

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/980542

FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND. DEP. IND. DEP. IND. DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1	/	/	/	/	/	
2	/						51
3	/						52
4	/						53
5	/						54
6	/						55
7	/						56
8	/						57
9	/						58
10	/						59
11	/						60
12	/						61
13	/						62
14	/						63
15	/						64
16	/						65
17	/						66
18	/						67
19	/						68
20	/						69
21	/						70
22	/						71
23	/						72
24	/						73
25	/						74
26	/						75
27	/						76
28	/						77
29	/						78
30	/						79
31	/						80
32	/						81
33	/						82
34	/						83
35	/						84
36	/						85
37							86
38							87
39							88
40							89
41							90
42							91
43							92
44							93
45							94
46							95
47							96
48							97
49							98
50							99
TOTAL IND. DEP.	2						100
TOTAL DEP.	31	↓	↓	↓	↓	↓	
TOTAL CLAIMS	39	20	20	20	20	20	20

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS